

U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 2:07cv136-wla	
DEFENDANT SEVEN THOUSAND EIGHT HUNDRED SIXTY DOLLARS (\$7,860) IN U.S. CURRENCY		TYPE OF PROCESS COMPLAINT, WARRANT & NOTICE	
<b>SERVE</b> ↓ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN LUCY BURDETTE		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 1336 WHISPERWOOD COURT - MONTGOMERY, ALABAMA 36116		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	3
John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197		Number of parties to be served in this case	
		Check for service on U.S.A.	2007 FEB 21 A 10:23
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)  CATS # 06-DEA-473723			
Signature of Attorney or other Originator requesting service on behalf of: <i>John T. Harmon</i>		TELEPHONE NUMBER (334) 223-7280	DATE 2/15/07
		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>
		Signature of Authorized USMS Deputy or Clerk <i>E. Chavez</i>	Date <u>2/21/07</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).			
Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service <u>3/12/07</u>	Time <u>2:50</u> pm
		Signature of U.S. Marshal or Deputy <i>E. R. Jones</i>	
Service Fee <u>135</u>	Total Mileage Charges (including endeavors) <u>15.52</u>	Forwarding Fee <u>0</u>	Total Charges <u>150.52</u>
		Amount Owed to US Marshal or	Amount or Refund
REMARKS: F.P.-3/11 Deputy 1 hour 6 mi R/T - 222 Canha Dr. Mgm 36105 3/21 Deputy 1 hour 6 mi R/T - 759 Upchurch Cir. Mgm 36105 3/21 Deputy 1 hour 20 mi R/T - 1336 Whisperwood Dr. Mgm 36117 -3/12/07 -5716 CARRIAGE BROOK Rd Mgm 36116			

PRIOR EDITIONS MAY  
BE USED

FORM USM 285 (Rev. 12/15/80)